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COUNTY BOROUGH OF WARRINGTON



SOCIAL MEDICINE UNIT,
8, SOUTH PARKS ROAD,
OXFORD.

ANNUAL REPORT

to the

EDUCATION COMMITTEE

on the work of the

SCHOOL HEALTH SERVICE

for the year

1952

ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer of Health and
School Medical Officer*

HEALTH DEPARTMENT, SANKEY ST., WARRINGTON

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SCHOOL MEDICAL SERVICE SUB-COMMITTEE

(As at 31st December, 1952)

Chairman:

Alderman E. MARSHALL, J.P.

Councillor W. G. CALDWELL, LL.B., J.P.

Alderman J. CANON BARDSLEY, M.A., J.P.

Alderman H. HARDING, J.P.

Alderman H. MASSEY

Councillor J. DAGNALL

Councillor H. GRAY, J.P.

Councillor Mrs. M. HARDMAN

Councillor Mrs. A. L. HINDLE

Rev. J. A. CUNNINGHAM

Mr. J. HELSBY, J.P.

Rev. J. RUSSELL

Ex-Officio

The Mayor (Councillor P. Martin, J.P.)

Alderman D. PLINSTON, J.P. (Chairman of
the Education Committee)

Rev. E. DOWNHAM, B.A. (Deputy-Chairman
of the Education Committee)

Chief Education Officer: H. M. PHILLIPSON, M.A.

STAFF

(as at 31st December, 1952)

School Medical Officer: Eric H. Moore, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy School Medical Officer: Stanley R. Warren, M.B., Ch.B., D.P.H.

Assistant School Medical Officers: Margaret L. Taylor, M.B., Ch.B., C.P.H.

Francis Simm, M.R.C.S. (Eng.), L.R.C.P. (Lond.)

Senior Dental Officer: George J. Ellis, L.D.S. (V.U. Manchester)

Assistant Dental Officer: Mrs. Phyllis E. Lawton, L.D.S. (Manchester)

Superintendent of Health Visitors and School Nurses: Miss E. Semple, S.R.N., S.R.F.N.,
S.C.M., H.V. (Cert.)

VISITING CONSULTANTS

Ophthalmic: Sydney B. Smith, M.R.C.S., L.R.C.P., D.O.M.S., (R.C.P. & S.)

Ear, Nose and Throat: Mr. Walter E. Hunter, M.A., M.R.C.S., L.R.C.P.

Psychiatric: P.M. O'Flanagan, M.R.C.S.I., L.R.C.P.I., D.P.M.

SCHOOL CLINICS

A. PROVIDED BY LOCAL EDUCATION AUTHORITY

INSPECTION CLINIC (Health Department, Sankey Street):

Monday to Saturday	Examination of cases referred by Teachers,
9.30 a.m. to 10.30 a.m.	School Attendance Officers, School Nurses, etc.

MINOR AILMENTS CLINIC (Health Department, Sankey Street):

Monday to Saturday	Treatment of contagious diseases of the
9.30 a.m. to 10.30 a.m.	skin, eyes, etc.
Saturday	Vaccination and immunisation.
10.30 a.m. to 12 noon	

DENTAL CLINIC:

Monday to Saturday	Dental treatment (including orthodontic
(by appointment)	treatment).
Daily 9.30 a.m. to 10.0 a.m.	Emergency treatment.

EAR, NOSE AND THROAT CLINIC (Health Department, Sankey Street):

Examinations -

Wednesday, 4.30 p.m.

Out-Patient treatment -

Daily (by appointment)

Operations -

Thursday mornings (at Warrington General Hospital)

CHILD GUIDANCE CLINIC (Arpley Street):

Thursday afternoon
(by appointment)

CHIROPODY SERVICE

Cases seen by appointment.

SCHOOL CLINICS (Continued)

B. PROVIDED BY REGIONAL HOSPITAL BOARD

PAEDIATRIC CLINIC (Warrington General Hospital):

Tuesday mornings
Wednesday afternoons
(by appointment)

ORTHOPAEDIC CLINIC (Warrington General Hospital):

Examinations - Every fourth Tuesday, 10.0 a.m.

Treatment -

Monday and Wednesday
10.0 a.m. to 11.30 a.m.

Treatment of postural and crippling
defects, etc.

OPHTHALMIC CLINIC (Warrington General Hospital):

Friday, 9.0 a.m.
(by appointment)

Examination and treatment of errors of
refraction and squint.

ORTHOPTIC CLINIC (Warrington General Hospital):

Monday to Friday
9.30 a.m. to 4.30 p.m.

Treatment of cases of squint.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my report on the School Health Service for the year 1952.

The general state of the school health during the year has been good, and there has been no unusual incidence of any special form of illness or disease.

The service, at the outset of the year, worked under considerable difficulties caused by staff shortages, there being no Senior Dental Officer, and a vacancy on the medical staff. However, the vacant post of Assistant School Medical Officer was filled in May by the appointment of Dr. F. Simm, and Mr. G.J. Ellis was appointed in September as Senior Dental Officer.

The clinic accommodation continues to be unsatisfactory. In the dental clinic the difficulties are most marked, and are such as may, in the near future, require the temporary closure of that clinic in order that attention may be given to the floor, which is unsafe. At the time of writing this report approval in principle has just been given by the Minister of Health to the Authority's plans for a new clinic building, and it is to be hoped that as early a starting date as possible may be given by the Minister in order that some of the difficulties under which the service operates may be removed as soon as possible.

The Authority was able in February to appoint a Speech Therapist, but unfortunately this service was brought to a premature close in September by the resignation, owing to ill health of the Speech Therapist.

It is pleasing to be able to report that in October it was found possible to establish a Child Guidance Clinic at premises at 26, Arpley Street. The Regional Hospital Board provide the services as Consultant Psychiatrist of Dr. P.M. O'Flanagan for one session per week, on Thursday afternoons. Owing to the impossibility of obtaining a Psychiatric Social Worker the Female Mental Health Visitor on the staff of the Health Department has been seconded for part of her time to act as Social Worker in connection with the Child Guidance cases, and the appointment of an Educational Psychologist has been approved.

Co-operation with the hospital services and with general practitioners has continued during the year, and the working between the three major branches of the health services has continued to be harmonious.

The School Health Service has received full co-operation from both general practitioners and the hospital service, and this has helped to remove many difficulties.

I wish to record my appreciation of the interest and support I have received from the Chairman and Members of the Committee and from all members of the staff, both professional and clerical. The full co-operation which I have at all times received from the Chief Education Officer has greatly helped in many of the difficulties encountered during the year.

I would also like to record my appreciation of the work of Dr. Warren in compiling most of the material contained in this report, and also the School Health Service staff for their preparation of the statistical tables.

I have the honour to be,

Your obedient Servant,

ERIC H. MOORE,

School Medical Officer.

INTRODUCTION

STAFF

The vacancy caused by the resignation of Dr. G.S. Carrick in October, 1951 was not filled until May, 1952 by the appointment of Dr. F. Simm.

The vacancy caused by the resignation of the Senior Dental Officer at the end of 1951 was not filled until the following September by the appointment of Mr. G.J. Ellis. The School Dental Service was consequently much curtailed during the greater part of the year; this is reflected in the statistics for the Service. The duties of the Dental Officers normally include the inspection and treatment of expectant mothers and infants, resulting in a great increase in pressure on time available for purely school medical work.

Although difficulty is still being experienced in obtaining the services of health visitors and school nurses, the position was somewhat improved during the year by the return to the Authority as qualified health visitors and school nurses of three Health Visitor Students recruited during 1951.

LIAISON WITH OTHER SERVICES

As in previous years the closest co-operation has been maintained between the School Health Service and other Health Services, a procedure simplified by the fact that the medical and nursing staffs also carry out duties in the Health Department, particularly in regard to child welfare. The infant welfare records are handed on to the School Health Service when children reach the age of five years, and all notes of importance are transferred to the school medical record cards.

Close contact has also been maintained with the various sections of the Education Department, particularly the School Attendance Department, to whom we are indebted for their valuable assistance in many directions; and with the Children's Department.

HANDICAPPED PUPILS

This is probably the most difficult aspect of our school health service. Although handicapped pupils form a very small proportion of the total, they require a special degree of attention to fit them for their adult life. Too often we are faced with the problem of their disposal, as distinct from their medical treatment and supervision; as will be realised from the appropriate section in this report, we are unable to fulfil our duty to many of these children by reason of scarcity of accommodation, both national and local, in special schools and institutions. This problem is by no means confined to Warrington, but every effort should be made to remedy this deficiency.

ANCILLARY SERVICES AND HEALTH EDUCATION

These have proceeded on normal lines and there is every reason to believe the health of the schoolchildren has been thereby improved. In addition to the nursery classes, day nurseries, though outside the sphere of the School Health Service, have contributed much towards the education of the mothers of potential schoolchildren.

School meals and milk also play a silent and unspectacular, but, if we may believe past experience, substantial part in improving child nutrition and physique.

MEDICAL INSPECTION

ROUTINE INSPECTIONS

The periodic medical inspections are conducted by the medical staff at the various schools and nursery classes in the borough according to the schedule of inspections laid down by the Ministry of Education, and details of the results of these medical inspections will be found in the Appendix (page 40). It will be noticed that there is an increase in the numbers examined in each age group compared with the previous year.

Comparative figures of the total number of periodic inspections for the last four years are given below:—

1952 - 4,103; 1951 - 3,173; 1950 - 4,293; 1949 - 3,900

STATISTICAL SUMMARY

Out of 4,103 pupils examined at the periodic medical inspections in 1952, 528 (12.8%) were found to require treatment for one or more defects. In addition a number had defects which required to be kept under observation although no actual treatment was necessary at the time.

Table IIA in the Appendix gives a return of the various defects found and the number of individual pupils effected is as follows:—

Age Group	Number of Pupils				Percentage of pupils found to require treatment	
	Inspected		Found to require treatment			
	1952	1951	1952	1951	1952	1951
Entrants	1,460	1,252	149	182	10.2	14.5
Second	1,269	1,009	216	163	17.02	16.1
Third	996	691	114	69	11.4	9.9
Other Periodic Inspections	378	221	49	12	12.9	5.4
TOTALS	4,103	3,173	528	426	12.9	13.4

The number of defects has remained approximately the same as in the previous year.

NUTRITION AND GENERAL CONDITION

The figures shown in the table below may be regarded as average figures for an industrial area. There is a further gratifying reduction in the number of pupils in Category "C" compared with the previous year. This is in conformity with the general trend, indicating a general improvement in the health of schoolchildren since the war.

Year	Number Examined	A (Good)	B (Fair)	C (Poor)
1952	4,103	723 (17.6%)	3,234 (78.8%)	146 (3.6%)
1951	3,173	405 (12.7%)	2,551 (80.4%)	217 (6.8%)

HEIGHT AND WEIGHT

The height and weight of every pupil is recorded at the periodic medical inspections. A summary of the various age groups is given in the tables of the Appendix (pages 45 and 46). It will be noticed that the weights are given to the nearest pound or half pound and the heights to the nearest inch or half inch.

UNCLEANLINESS AND INFESTATION

As a result of regular cleanliness inspections by the school nurses, cases of uncleanliness and infestation are very rarely found at routine medical inspections, but when they do occur they are promptly dealt with by exclusion and other measures.

Comments on cases found other than at routine inspections will be found under the heading "Work of the School Nurses", on page 36.

DISEASES OF THE SKIN AND MINOR AILMENTS

The incidence of skin conditions remains approximately at last year's level and consists principally of warts and impetigo. No case of scabies was discovered at routine medical inspections.

DEFECTS OF VISION

Vision was tested at the inspection of the two senior age groups only. In 69.8% of pupils examined no obvious refractive error was discovered in testing with the Snellen Test Type. A detailed analysis of the tests follows:-

	No. Examined	6/6	6/9	6/12	Wearing Glasses	Treatment Required	No Glass Improves
Second Age Group	1,269	889	151	12	58	134	25
Third Age Group	996	682	123	14	100	61	16
Other Periodic Inspections:							
Boteler Grammar	73	51	2	1	11	6	2
High School	48	37	1	1	4	5	-
TOTALS	2,386	1,659	277	28	173	206	43
Percentages		69.5	11.6	1.2	7.3	8.6	1.8

There has been no significant change in the vision of the pupils examined compared with that found in 1951.

DEFECTS OF THE EYE

The number of cases of squint detected in 1952 was 11, giving a percentage of 0.27

DEFECTS OF THE EAR

No cases of discharging ear were found during routine medical inspections. This is a gratifying discovery although it does not give any real picture of the prevalence of this condition.

NOSE AND THROAT DEFECTS

There were 106 cases of nose and throat defects requiring treatment, and 239 requiring observation, compared with 114 cases (with 113 requiring observation) in the previous year. The significance of these figures would merely indicate that more children are being kept under observation instead of being directly referred for treatment.

HEART DISEASE

At periodic medical inspections 11 cases of suspected heart disease were noted. Many of these had been discovered at an earlier stage and were already under observation.

CHEST DISEASE

The total number of defects shows an increase of 11 (34 compared with 23 in 1951). This number is largely made up of chronic bronchitis which is of course very prevalent in any congested urban area, especially in the winter months.

ORTHOPAEDIC DEFECTS

Details of the orthopaedic defects found at routine inspections during the year are given below and show a slight increase. The figures for the previous year are shown in brackets.

					Requiring Treatment	Requiring Observation
Postural Defects	...	...	...	...	6 (4)	8 (5)
Flat Foot	...	...	...	...	10 (11)	8 (2)
Other	...	...	...	...	22 (17)	10 (2)

Most of the defects referred for observation had been noted previously and were already under observation.

NERVOUS AND PSYCHOLOGICAL DISORDERS

The sum total of defects under this heading is 9 of which 7 were considered to need treatment. Of these one was ascertained as educationally sub-normal, and three were referred for treatment at the Authority's Child Guidance Clinic.

OTHER DEFECTS AND DISEASES

There were 14 other miscellaneous defects found which do not readily fall under any of the headings listed above. No comment is called for on any of these.

SPECIAL EXAMINATIONS

The special examinations fill the gaps between years of routine inspections, and the majority of defects requiring treatment are consequently seen at special examinations. These children are referred by teachers, school nurses, parents, school attendance officers, and others, who are encouraged to bring to the notice of the medical officers any children suspected to be in need of attention. These children are normally seen at the School Clinic.

The number of special examinations during 1952 was 2,505 as compared with 2,733 during 1951.

EMPLOYMENT OF SCHOOLCHILDREN

All children who register for employment out of school hours are medically examined to ensure that any employment undertaken will not be detrimental to health. The figures given above for special examinations include medical inspections in connection with employment.

The number of certificates granted during the year was 197, the majority of the cases being boys employed in newspaper delivery.

SCHOOL CLINIC

The following table shows the numbers of cases seen and treated at the school clinic, with comparative figures for the preceding three years:—

	No. of Children Attending		No. of treatments in schools (dressings)
	Inspection Clinic	Treatment Clinic	
1952	544	575	632
1951	541	619	1,143
1950	956	863	1,947
1949	1,119	1,029	3,666

The numbers attending would appear to have reached a basic level, following upon a reduction since the inception of the National Health Service.

An analysis of the cases seen at the inspection clinic compared with the previous year is reproduced below:—

	1952	1951
Ringworm - Body	1	4
Scabies	14	6
Impetigo	38	48
Other Skin Diseases	97	54
Eye Diseases	51	67
Ear Defects	89	60
Miscellaneous Ailments	245	301
Nasal Catarrh	9	—
Uncleanliness	—	1
	<hr/> 544 <hr/>	<hr/> 541 <hr/>

The large increase in other skin diseases is accounted for by an alteration in classification whereby warts are included under this heading rather than under miscellaneous ailments.

The increase in the number of attendances by pupils with ear defects has been due to the need for regular attendance for treatment prescribed by the Consultant Ear, Nose and Throat Surgeon for cases of acute and chronic otorrhoea.

TREATMENT OF DEFECTS

Defects were dealt with either at the Minor Ailments Clinic or were referred to hospital for specialist treatment, or referred to the private practitioners.

Of the forms of treatment available the following were provided directly by the Local Education Authority - minor ailments, ear, nose and throat, child guidance and chiropody. Other clinics are now provided by the Regional Hospital Board on the same lines as the adult services, and some of these specialist clinics are reserved wholly or mainly for schoolchildren, e.g., eye and orthopaedic.

A list of the days and hours of attendance at the clinics is given on pages 8 and 9.

Detailed figures of the cases referred for the various forms of treatment are given in the following pages.

TREATMENT AT THE SCHOOL CLINIC

The school clinic provides a comprehensive minor ailments service for schoolchildren. All children are examined by the medical officer and treatment is carried out as often as is necessary by the school nurses. Children requiring more elaborate forms of treatment are referred elsewhere as stated above. Treatment is confined to surface conditions (e.g. ointments, skin dressings, etc.) and no form of internal treatment such as medicines, etc., is dispensed with the exception of treatment of discharging ear with penicillin injections in conjunction with the Ear, Nose and Throat Clinic.

TREATMENT OF DEFECTS FOUND DURING MEDICAL INSPECTIONS

The manner in which cases requiring treatment, found at periodic medical inspection and at the School Clinic were dealt with will be found detailed in the following pages under the heading of the appropriate defect.

DEFECTS OF VISION

The consultant ophthalmologist, Dr. S.B. Smith, holds a weekly clinic exclusively for schoolchildren at Warrington General Hospital.

Comments on the working of the Ophthalmic Clinic will be found on page 27.

Table IV Group II in the Appendix shows that 743 children received treatment during the year. Of these 643 were dealt with at the ophthalmic clinic at the Warrington General Hospital, 66 at the Minor Ailments Clinic, and 34 at the Warrington Infirmary.

EAR, NOSE AND THROAT DEFECTS

The number of cases referred for treatment of defects of the ear, nose and throat will be found in Table II.

Children who do not readily respond to treatment and all those who require operative treatment are referred to the ear, nose and throat consultant, Mr. W.E. Hunter.

Ear, Nose and Throat Clinic

Details of the work of the ear, nose and throat clinic during the year are given below:-

Received Operative Treatment:-

(a) For diseases of the ear	...	...	...	...	...	2
(b) For adenoids and chronic tonsillitis	...	...	...	...	...	279
(c) For other nose and throat conditions	...	...	...	...	...	6
Received other forms of treatment	...	...	...	...	...	78
No treatment required	...	...	...	...	...	40
Refused treatment	...	...	...	...	...	138
Left school or district before treatment was completed	...	...	...	...	...	26
						<hr/>
Total cases referred	...	...	...	...	...	569
						<hr/>

The total number of attendances at the inspection clinic during the year was 1,089, and there were 1,119 attendances for treatment.

Particulars of treatment given at the Warrington Infirmary to schoolchildren during the year were also made available to us. Details are given below:-

Received operative treatment:-

(a) For diseases of the ear	...	...	...	...	...	...	...	-
(b) For adenoids and chronic tonsillitis	...	...	...	...	...	...	...	60
(c) For other nose and throat conditions	...	...	...	...	...	...	...	4
Received other forms of treatment	...	...	...	...	...	...	...	88
Total	...	...	...	...	...	...	...	152

Details of children who were treated with chloramphenicol

Total number of cases treated	...	...	...	...	...	...	...	47
Number of "old cases" dry after treatment	...	...	...	...	...	...	...	30
" still receiving treatment	...	...	...	...	...	...	...	10
" refused treatment	...	...	...	...	...	...	...	1
Number of new cases dry after treatment	...	...	...	...	...	...	...	5
Refused treatment	...	...	...	...	...	...	...	1
Operations at clinic:-								
Antral lavage	...	...	...	...	...	...	...	7
Operations at Warrington General Hospital:-								
Mastoidectomy	...	...	...	...	...	...	...	2
Tonsils and adenoids	...	...	...	...	...	...	...	1

Details of children who were treated with penicillin:-

Total number of children treated	...	...	...	...	...	...	...	22
Number of "old cases" dry after treatment	...	...	...	...	...	...	...	6
" still receiving treatment	...	...	...	...	...	...	...	4
Number of new cases dry after treatment	...	...	...	...	...	...	...	9
" still receiving treatment	...	...	...	...	...	...	...	3

I am indebted to Mr. W.E. Hunter for the following report on the work of the Ear, Nose and Throat Clinic during the year.

In January treatment of all cases of chronic otorrhoea with chloramphenicol in propylene glycol was started and has been carried out throughout the year. The results have been most gratifying as over 50% of the ears treated have remained dry. All cases have been re-examined at intervals. It is becoming apparent that cases that do not respond to this treatment require operation. A daily intra-muscular injection of penicillin has been given to all cases of acute otorrhoea with nearly 100% success.

Regular attendance at the Clinic for these treatments is essential and some of the failures have been due to irregular or non-attendance.

AUDIOMETRY

Routine audiometric tests are carried out on children in the age group 9 - 10 years throughout the schools. Any children who fail the test are subsequently retested. The tables below give details of the tests carried out and the disposal of cases where a double failure was recorded, during 1951 and 1952.

Audiometric Tests

Primary Tests						1952	1951
Number of schools visited	...	...	...	...	...	19	20
Number of group tests	...	...	...	...	...	75	86
Number of children tested	...	...	...	...	...	936	1,001
Number of primary failures	...	...	...	...	...	116	149
Secondary Tests							
Number of group tests	...	...	...	...	...	11	18
Number of children tested	...	...	...	...	...	73	158
Number of double failures	...	...	...	...	...	15	21
Disposal of Cases							
Nothing abnormal found after treatment	...	...	...	...	...	3	6
Receiving treatment	...	...	...	...	...	5	9
Awaiting re-test after treatment	...	...	...	...	...	2	1
Referred for tonsils and adenoids operation	...	...	...	...	...	1	2
Referred to Manchester Clinic	...	...	...	...	...	-	1
Treatment not beneficial	...	...	...	...	...	2	-
Under own doctor	...	...	...	...	...	1	2
Left district	...	...	...	...	...	-	1
Refused treatment	...	...	...	...	...	1	-
Still receiving treatment (from previous years)	...	...	...	...	...	8	-
Awaiting secondary test	...	...	...	...	...	66	-

It should be pointed out that the reduction in the numbers of audiometric tests was caused by lack of premises for conducting the tests in the latter half of the year.

Child Guidance Clinic

Until the latter part of 1952 any cases coming under this heading who required child guidance were referred to the Notre Dame Child Guidance Clinic, Liverpool or the Psychiatric Clinic at Alder Hey Children's Hospital, Liverpool, but it is gratifying to be able to report that in October, 1952 the Authority were able to commence a Child Guidance Clinic at premises at 26, Arpley Street, an annexe of the District Nurses' Home which were made available by the Local Health Authority.

The Regional Hospital Board agreed to the secondment for one session per week of Dr. P.M. O'Flanagan as Consultant Psychiatrist. Since the Authority were unable to appoint a Psychiatric Social Worker, by arrangement with the Local Health Authority, the services of a Female Mental Health Visitor are made available for three sessions per week, one for attendance at the Child Guidance Clinic and two for the purpose of obtaining home and background reports in respect of cases referred to the Child Guidance Clinic. The Authority hope to appoint an Educational Psychologist in the early part of 1953 when it will be possible to arrange for play therapy and to give generally a fuller Child Guidance Service.

The Consultant Psychiatrist is available for consultant advice, on the following problems:-

1. Nervous or habit disorders.
2. Behaviour disorders.
3. Maladjustment.
4. Educational difficulty.
5. Vocational guidance.

Cases are referred in the first instance to the School Medical Officer by general practitioners, head teachers, and Assistant School Medical Officers and arrangements are made for a special examination to ascertain all possible medical facts for the Child Guidance case file. Appointments are then made for cases to be seen by Dr. O'Flanagan at the Child Guidance Clinic. The Consultant Psychiatrist is also available for cases referred by the Children's Court of Juvenile delinquents brought before them and on whom they require specialist opinion before disposing of the case.

The tables below give details of the cases dealt with in the latter part of the year.

Cases referred for treatment

By Assistant School Medical Officers	...	...	...	...	...	14
" Head Teachers	...	...	...	...	...	10
" the Courts and by Probation Officers	...	...	...	...	...	3
" general practitioner	...	...	...	...	...	1
Total	...	...	...	...	...	28

Diagnosis of cases referred

Intellectual inadequacy	...	...	...	...	...	...	...	6
Psychoneurosis:								
Anxiety states	...	...	...	...	...	...	9	
Obsession states	...	...	...	...	...	...	1	10
Personality disorders	...	...	...	...	...	...	...	6
Undiagnosed	...	...	...	...	...	...	...	5
No psychiatric condition present	...	...	...	...	...	...	...	1
Total	...	...	...	...	...	...	...	28

Disposal of cases

For Clinic treatment	...	...	...	...	...	...	...	5
" parent guidance	...	...	...	...	...	...	...	8
" combined clinic treatment and parent guidance	...	...	...	...	...	...	...	2
" ascertainment under Handicapped Pupils Regulations	...	...	...	...	...	...	...	6
No treatment necessary	...	...	...	...	...	...	...	1
Dealt with under Criminal Justice Act	...	...	...	...	...	...	...	1
Still under investigation	...	...	...	...	...	...	...	5
Total	...	...	...	...	...	...	...	28

All cases referred were seen by the Psychiatrist and by the Mental Health Worker.

Visits by Mental Health Visitor

Domiciliary visits:

First visits	...	...	...	...	...	...	...	28
Subsequent visits	...	...	...	...	...	...	...	40
School visits	...	...	...	...	...	...	...	2
Visits to general practitioners	...	...	...	...	...	...	...	1

ORTHOPAEDIC DEFECTS

Details of the work performed at the schoolchildren's sessions of the Warrington General Hospital Orthopaedic Clinic are given on page 28.

CHIROPODY

Details of the cases treated during 1952 are as follows:-

	Cases	Number of Attendances
Verrucaë	90	368
Other conditions	19	68
Totals	109	436

TREATMENT IN THE SCHOOLS

The number of children excluded during the year by the medical officers and nurses on their visits to the schools was 147 (see details below). There were no exclusions on account of infectious disease.

	Boys	Girls	Total
Uncleanliness	22	125	147

The details with regard to the dressings applied by the nurses in schools are given below:—

	Boys	Girls	Total
Scabies	6	—	6
Impetigo	19	6	25
Other skin diseases	—	5	5
Minor eye defects	28	29	57
Minor ear defects	11	21	32
Miscellaneous conditions ...	247	260	507
Totals	311	321	632

Children are now encouraged to attend at the School Clinic for dressings where they can be given more satisfactorily.

Details of the work of the school nurses in connection with cleanliness inspections in schools are given on page 42 in Table III.

First-aid equipment is now a standard issue in all schools and is limited to essential needs only, since it is considered undesirable that any form of normal medical treatment should be given by any unqualified person.

OTHER SPECIALIST TREATMENT PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT

PAEDIATRIC CLINIC

A complete paediatric consultant service is conducted at the Warrington General Hospital by Dr. H. Angelmann, who sees any children referred by the school medical officers. Many schoolchildren, however, are referred by their own private doctors, so that it is impossible to give any statistical summary of the numbers and types of conditions seen. Duplicate reports from the Consultant Paediatrician are received by the general practitioners and by this Department whether the child was referred from this Department or from his own doctor.

OPHTHALMIC CLINIC

643 cases were dealt with at the Clinic during the year, compared with 593 in 1951.

There is a considerable time lag between referral from routine inspection or from the School Clinic and examination by the Consultant Ophthalmologist whose session is at present already overcrowded. It is felt that a further session is required in order to prevent deterioration of the eyesight of children referred to him, particularly in the case of myopia. The position will be further aggravated in the ensuing year as a result of the routine sight testing of the 8 year old group which will be an addition to the examination of previous years. Many parents are obtaining spectacles from the Supplementary Ophthalmic Services in view of this long delay, thus missing the benefit of the services of a Consultant Ophthalmologist.

From close study of the position it would appear that one additional session completely devoted to schoolchildren would be adequate to reduce the long waiting list and to prevent undue delay in the future.

Orthoptic Clinic

The orthoptic clinic is conducted at the Warrington General Hospital under the supervision of the consultant ophthalmologist.

The number of attendances at the clinic during 1952 was as follows:-

Schoolchildren	...	...	...	...	...	...	1,201
Pre-school children	...	...	...	...	...	...	308
Children from other authorities:-							
Lancashire C.C.	...	...	...	...	...	...	90
Cheshire C.C.	...	...	...	...	...	...	139
Total attendances							<hr/> 1,738 <hr/>

Squint Operations

Children in need of operative treatment are noted by the ophthalmologist and are referred to the Manchester Royal Eye Hospital.

Over 217 children are awaiting operations at Manchester Royal Eye Hospital. The number admitted for operation in the year 1951 was 28.

It will be seen from these figures that the provision for operative treatment is extremely inadequate and that it can scarcely be said that we are coping with the problem. Here again, it is hoped that some local provision may soon be made for these operations, which will necessarily have to be provided by the Regional Hospital Board.

There is no serious time lag between the eye examination and the provision of spectacles.

ORTHOPAEDIC CLINIC

The following tables give details of the work performed at the Clinic during the year:—

	1952	1951
No. of new cases examined	43	36
No. of cases treated	168	186
No. of cases in which operations have been performed	8	7
No. of cases who have attended for remedial treatment	105	81
No. of attendances made for treatment ...	583	994

The number of cases discharged from the clinic during the year was 76. The following is a summary of the reasons for discharge:—

No further treatment required	48
Left school - over age	1
Discharged for non-attendance	19
Left district	2
No treatment required	6
	—
	76
	—

The following were the principal types of cases treated during 1951 and 1952.

	1952	1951
Flat Foot	26	36
Postural defects	14	18
Knock Knee	24	18
Club Foot	7	4
Defective Gait	3	6
Muscular paralysis	19	22
Referred for ultra-violet light treatment (sunlight)	3	9
Foot abnormalities	18	48
Injuries etc.	28	15
Miscellaneous defects	26	10

As will be seen there has been a considerable reduction in the number of attendances at this clinic.

HANDICAPPED PUPILS

NUMBERS OF HANDICAPPED PUPILS

The following table gives the numbers of pupils on the Handicapped Pupils' Register on the 31st December, 1952 together with the numbers ascertained during the year.

Classification	No. Ascertained during year	Total Ascertained at 31.12.52
Blind	1	1
Partially-sighted	-	8
Deaf	-	5
Partially-deaf	1	10
Delicate	-	5
Physically-handicapped	-	6
Diabetic	-	-
Educationally-subnormal	12	52
Epileptic	-	1
Maladjusted	-	-
Pupils with speech defects	-	-
Totals	14	88

PROVISION OF SPECIAL EDUCATION

The table below gives details of the numbers of pupils for whom special educational facilities have been provided.

Classification	Attending special school as		Receiving education under arrangements made under Section 56 of Education Act, 1944		Total
	Day Pupils	Boarders	In Hospital	At Home	
Blind	-	-	-	-	-
Partially-sighted	7	1	-	-	8
Deaf	-	5	-	-	5
Partially-deaf	-	9	-	-	9
Delicate ...	-	1	2	1	4
Physically-handicapped ...	-	-	-	6	6
Educationally sub-normal ...	-	7	-	2	9
Epileptic ...	-	1	-	-	1
Totals ...	7	24	2	9	42

Great difficulty is experienced in finding accommodation in special schools as the following table of unplaced pupils shows:-

Blind	1
Partially-deaf	1
Delicate	1
Educationally sub-normal	45

The Local Authority has included in its development plan certain proposals for special school accommodation.

It is possible for pupils to be suffering from these conditions to such a moderate extent that they are educable within the ordinary school system. Such children are not listed as handicapped pupils, consequently the above tables do not represent the total numbers.

PARTIALLY-SIGHTED

The special class for partially-sighted pupils caters for children falling into this category. At the beginning of the year there were 7 children on the register. Although the class covers a wide range of ages, it is possible, because of the small number attending, to give a large measure of individual attention to each pupil. The Consultant Ophthalmologist selects the pupils for admission and pays periodic visits of inspection. Each child is, in addition, examined at the Ophthalmic Clinic at intervals of six months or less.

DEAF AND PARTIALLY-DEAF

There are fifteen pupils in these two categories, of whom fourteen (five deaf and nine partially-deaf) are placed in residential special schools. The remaining pupil is on a waiting list for admission to a special school.

It was found that the regular periodic survey of children by means of the gramophone audiometer has brought to light cases of deafness previously unsuspected. Details of the Audiometric tests carried out are given on page 23.

DELICATE AND PHYSICALLY HANDICAPPED

There were no further delicate children ascertained during the year.

Children in this category require an Open Air School. According to the Local Authority's development plans such a school could accommodate many children who are sub-normal, but not essentially ascertainable as delicate, thus serving a very worthwhile need.

Six children were classified as physically handicapped, all of whom were receiving home tuition.

Swimming Exercises

Swimming exercises are arranged for children suffering from the after effects of infantile paralysis under the supervision of swimming instructors appointed by the Local Education Authority. The cases receiving instruction are only those who have been individually recommended for such treatment by the Consultant Orthopaedic Surgeon.

EDUCATIONALLY SUB-NORMAL

There are 52 pupils ascertained as educationally sub-normal of whom 7 are in special residential schools. The needs of the majority of the others could very well be met in a day special school if such accommodation were available.

In addition a number of children have been ascertained in this category who, although not requiring accommodation in special schools, do require special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year 25 children were tested, with the following results:-

To continue in ordinary schools	...	...	...	...	1
Suitable for special (day) schools	...	...	...	...	7
Suitable for special (residential) schools	...	...	...	...	5
Reported to the Local Health Authority:-					
Under Section 57 (3) Education Act, 1944	...	...	...	...	7
Under Section 57 (5) Education Act, 1944	...	...	...	...	2
No action taken - to be re-tested later	...	...	...	...	3
					—
Total	...	...	...	...	25
					—

The formal ascertainment of a child as educationally sub-normal in no way solves the problem of suitably dealing with the child, a problem which is more acute than in most of the other categories of handicapped pupils. It is only in isolated instances that we are able to obtain a place in a special school and then only where there are exceptional circumstances such as the absence of proper home conditions and possibly the appearance of the child before the Juvenile Court as a delinquent.

There are at present 52 children in this category, 45 of whom are awaiting special educational treatment, and this number will grow still further. The problem of their disposal will eventually have to be faced. There are already sufficient pupils ascertained to fill a school for educationally sub-normal children in this Authority.

EPILEPTIC

One case was ascertained in this category during the year.

The problem of the disposal of epileptics is somewhat easier than most of the other categories.

MALADJUSTED

There were two boys on the register at the beginning of the year who had been ascertained as maladjusted, both of whom were brought before the Court during the year for juvenile delinquency, and in both cases a period of detention in a Home Office Approved School was ordered by the Court. These two cases have accordingly been removed from the register of handicapped pupils.

This is a difficult category with regard to definition. There are all degrees of maladjustment, from the simple naughty child to the vicious type. It is only in exceptional cases that there is any necessity for a formal ascertainment. These circumstances are usually of a domestic nature and arise very often from the "problem family".

CHILDREN RECEIVING HOME TUITION

On the 31st December, 1952, there were 11 handicapped pupils on the home teacher's register. Of these 6 were physically handicapped, 3 were delicate (2 being hospital cases) and 2 educationally sub-normal.

SENIOR DENTAL OFFICER'S REPORT

A comparison of the dental figures for 1952, with those of 1951 shows the following changes:-

4,943 inspections compared with 10,084 - a decrease of 5,141
4,068 attendances for treatment compared with 5,625 - a decrease of 1,557.
3,890 extractions compared with 5,412 - a decrease of 1,522.
1,313 fillings compared with 806 - an increase of 507.

The number of half-days devoted to treatment was 144 less than in 1951 and the number of half-days devoted to inspections was 43 less than in 1951. These reductions are directly attributable to the fact that only one Dental Officer was in attendance for the first 8 months of the year.

It is worthy of note that the figures for conservative treatment exceed those for 1951 by 507.

A reduction of the number of half-days devoted to extractions and the substitution of a pre-sessional Emergency Extraction Service should result in a larger measure of conservative dentistry over a full year's working.

A disturbing feature during the latter part of the year was the large amount of absenteeism. This was found to be due mainly to the existing system of making appointments for treatment before ascertaining whether the parent desired to have it carried out at the School Dental Clinic. Early in December, 1952 a new appointments system was introduced which has almost eliminated absenteeism. So far as can be judged from such a short period of working of the new system, absenteeism has been reduced to 10% of the appointments made.

A normal complement of appointments for two whole-time Dental Officers cannot, however, be carried out because of the congestion which results in the cramped accommodation available for the Dental Officers and staff.

DENTAL INSPECTION AND TREATMENT

A. - DENTAL INSPECTION

Number of pupils inspected by the Authority's Dental Officers:

(a)	Periodic Age Groups:	Age 3	...	...	...	25
		4	...	...	...	107
		5	...	...	...	418
		6	...	...	...	380
		7	...	...	...	363
		8	...	...	...	454
		9	...	...	...	535
		10	...	...	...	431
		11	...	...	...	323
		12	...	...	...	269
		13	...	...	...	224
		14	...	...	...	229
		15	...	...	...	182
		16	...	...	...	67
		17	...	...	...	23
		18	...	...	...	15
						<hr/>
	Total	...	...	...	...	4,045
(b)	Special Inspections	...	...	...	...	898
						<hr/>
	Total (Periodic and Specials)	...	...	...	...	4,943
						<hr/>

B. - DENTAL TREATMENT

Number found to require treatment	...	...	...	...	...	3,107
Number referred for treatment	...	...	...	...	...	3,107
Number actually treated	...	...	...	...	...	3,035
Attendances made by pupils for treatment	...	...	...	...	...	4,068
Half-days devoted to (a) inspection	...	...	...	...	37	
(b) treatment	...	...	...	...	<u>653</u>	
Total (a) and (b)	...	...	...	...	...	690
Fillings - permanent teeth	...	...	...	...	...	1,310
temporary teeth	...	...	...	...	...	<u>3</u>
Total	...	...	...	...	...	1,313
Number of teeth filled - permanent teeth	...	...	...	...	946	
temporary teeth	...	...	...	...	<u>3</u>	
Total	...	...	...	...	...	949
Extractions - Permanent teeth	...	...	...	...	853	
temporary teeth	...	...	...	...	<u>3,037</u>	
Total	...	...	...	...	...	3,890
Administration of general anaesthetics for extraction	...	...	...	...	...	2,562
Other operations - (a) permanent teeth	...	...	...	...	615	
(b) temporary teeth	...	...	...	...	<u>2</u>	
Total (a) and (b)	...	...	...	...	...	617

WORK OF THE SCHOOL NURSES

A cleanliness inspection of all children is carried out in every school each term. The school nurse endeavours to complete this inspection as early in the term as possible. Each child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Any unsatisfactory condition is dealt with and followed up on subsequent visits to the school. Where necessary, domiciliary visits are made to effect a remedy.

A nurse accompanies the medical officer on all routine medical inspections. Her duties include the weighing and measuring of children, vision testing, and the preparation of the children for examination. In addition, she prepares the children for immunisation against diphtheria, where necessary, and obtains any information required from the teachers regarding the health of the children to be examined and of any other children whom the teacher may wish to bring to the notice of the medical officer.

At the clinic, the nurse is engaged in the treatment of the children for minor ailments and disinfection.

In the cases of uncleanness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 41 cases, but only in 4 cases was it necessary to issue Cleansing Orders for the compulsory cleansing of the children at the cleansing station. No prosecutions were ordered in the year under review.

Some brief details of the work carried out by the school nurses are given below:-

	1952	1951
Number of dressings in schools	632	1,143
Visits to Homes of children (in many cases assisting with treatment)	267	90
Attendance at medical inspections in schools ...	247	171
Visits to schools for cleanliness inspections and reinspections	833	519
Number of cases of uncleanness treated at the school clinic	145	222
Number of attendances of uncleanness cases at the school clinic	611	778

It will be seen from the above table that dressings in schools show a marked fall which is due to the policy of concentrating treatment at the school clinic as already mentioned on page 26.

School nurses have been encouraged to visit schoolchildren in their homes and this has resulted in a marked increase in the number of home visits paid during the year.

NOTIFIABLE DISEASES AND IMMUNISATION

NOTIFIABLE DISEASES

As will be seen from the comparative statement given below of the number of cases of notifiable infectious disease occurring among schoolchildren during the year there was no major outbreak of infectious disease.

						1952	1951
Scarlet Fever	...	...	...	...	...	61	43
Whooping Cough	...	...	...	...	...	45	28
Measles	...	...	...	...	...	264	184
Pneumonia	...	...	...	...	...	5	1
Dysentery	...	...	...	...	...	8	2
						<hr/>	<hr/>
Totals	...	...	...	...	...	383	258
						<hr/>	<hr/>

The general increase calls for no comment, being within the wide range of normal limits.

IMMUNISATION AGAINST DIPHTHERIA

The immunisation campaign was maintained throughout the year on a routine basis, and the response was a marked improvement on the previous year.

The number of children immunised during the year, at school and at the clinic, was as follows:—

Primary Courses	...	...	...	...	...	...	271
Secondary (Reinforcement) injection	...	...	...	...	...	...	1,115
							<hr/>
Total	...	...	...	...	...	...	1,386
							<hr/>

The increase in numbers is gratifying, particularly in the case of reinforcement injections. This, however, should not lead to complacency and further improvement should be aimed at. Ideally, the figure for primary injections should be smaller since the primary immunisation should preferably be performed in infancy.

For the fourth year in succession no case of diphtheria has occurred amongst schoolchildren in Warrington.

ANCILLARY SERVICES

NURSERY CLASSES

Children attending the nursery classes attached to the infants' schools are examined every year. Details of the examinations will be found under the heading "Other periodic inspections" in Table I (a) in the Appendix from which it will be seen that 67 children were examined during the year.

These children are also examined each year by the dental officers as part of the routine dental inspections of the infants' schools.

All the facilities of the school health service are available to nursery children. Particulars of treatment are included in the various treatment tables in this report.

The school nurses also visit the nursery classes when carrying out their cleanliness inspections. Statistics are included in the appropriate tables.

The usual facilities for immunisation against diphtheria are available, and the nursery class is useful in enabling the medical officers to immunise those children who for one reason or another, were not immunised in infancy. The response is very satisfactory and for this purpose the class is a valuable adjunct in the general campaign for immunisation.

PROVISION OF MILK AND MEALS

I wish to thank the Chief Education Officer for the following information concerning the supply of milk and meals in schools.

(a) MILK - The arrangements for the supply and distribution of milk in schools continued in operation as in previous years, one-third of a pint of milk being made available to each pupil daily, free of charge.

Children absent from school because of illness are not deprived of their milk; provided satisfactory arrangements are made by the parents for the collection of the milk from school, such children may continue to receive their daily ration of milk at home.

In July, 1947, the Ministry of Education issued regulations authorising the supply of one pint of milk daily at a reduced price to all children between 5 and 16 years who, by reason of disability of mind or body, are unable to attend school. Parents attend at the local food office and complete forms of application which are then passed to the Education Office. Arrangements are then made for the children to be examined by the Assistant School Medical Officers who sign the necessary certificates.

(b) MEALS - The Education Committee had nine school kitchens supplying meals to schools throughout the year.

Midday meals are served in all the schools. The charge was at the rate of 7d. per day. Free meals are supplied to children of parents whose income is within the Committee's scale.

The following table shows the average number of meals supplied per day during the year 1952.

Average No. of pupils on roll	Received free meals	Received meals for payment	Total	Percentage of pupils receiving meals
13,284	580	4,437	5,017	37.77

PHYSICAL TRAINING

Throughout the year interest and progress have been maintained in Physical Education in the Authority's schools. The publication by the Ministry of "Moving and Growing" provided a welcome stimulant and completed the preparatory work conducted in the schools by demonstrations and discussions of modern methods of instruction. A coaching course for teachers in Rugby League Football was enthusiastically received and indicated the success of the Authority's policy of covering one major game each year.

The Warrington Teachers' Sports Committee has had its usual active year in catering for out-of-school activities of all kinds in Town, County and National Competitions.

The Authority's Swimming Scheme for schools has maintained its popularity in both Summer and Winter seasons. The specialist Instructors employed to teach at the Municipal Baths have contributed greatly to the success of the scheme and their work with Juniors and Seniors has reached a very high standard despite the fact that their programme is very full.

The provision of Instructors at various centres throughout the town for physical activities of many kinds has been again greatly appreciated by Youth Organisations, and interest in the specialised Evening Classes maintained by the Authority at the Borough Gymnasium has been as great as ever.

The year has proved to be a period of consolidation and experiment, numbers participating in a full and varied programme have been good and Instructors and Teachers in Evening Centres and Schools have adapted themselves successfully to new teaching techniques.

Physical Education is developing in Warrington in a pleasing and healthy manner, and the enthusiasm of Teachers and Instructors will ensure that the Authority's increased provisions for the subject are fully justified.

MINISTRY OF EDUCATION MEDICAL INSPECTION RETURNS

Year Ended 31st December, 1952

Table I

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools

A. - PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the Prescribed Groups									
Entrants	...	...	...	...	...	...	...	...	1,460
Second Age Group, Age 11	...	...	...	...	...	...	...	...	1,269
Third Age Group, Age 15	...	...	...	...	...	...	...	...	996
Total (Prescribed Groups)	...	...	...	...	...	...	...	...	3,725
Other Periodic Inspections:									
Nursery Classes	...	...	...	...	...	...	...	...	250
High School for Girls	...	...	...	...	...	...	...	...	48
Boteler Grammar School	...	...	...	...	...	...	...	...	73
Partially-sighted class	...	...	...	...	...	...	...	...	7
GRAND TOTAL	...	...	...	...	...	...	...	...	4,103

B. - OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	...	2,012
Number of Re-Inspections	...	...	...	...	...	...	...	493
Total	...	...	...	...	...	...	...	2,505

C. - PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

- NOTES. - (1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil is recorded more than once in any column of this Table and therefore the total in column (4) is not necessarily the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	-	149	149
Second Age Group	134	82	216
Third Age Group	61	54	114
Total (Prescribed Group)	195	285	479
Other Periodic Inspections	11	38	49
GRAND TOTALS	206	323	528

Table II

A. - RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1952

NOTE:- All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	52	-	280	1
5	Eyes (a) Vision	206	43	60	3
	(b) Squint	11	3	49	-
	(c) Other	11	1	70	-
6	Ears (a) Hearing	8	3	6	-
	(b) Otitis Media	-	-	-	-
	(c) Other	32	2	119	1
7	Nose or Throat	106	239	131	7
8	Speech	17	3	2	-
9	Cervical Glands	-	5	11	1
10	Heart and Circulation	3	8	1	-
11	Lungs	2	32	5	-
12	Developmental -				
	(a) Hernia	9	5	-	-
	(b) Other	7	4	1	-
13	Orthopaedic -				
	(a) Posture	6	8	-	-
	(b) Flat Foot	10	8	5	1
	(c) Other	22	10	15	2
14	Nervous System -				
	(a) Epilepsy	-	-	-	-
	(b) Other	1	-	1	-
15	Psychological -				
	(a) Development	2	1	-	-
	(b) Stability	4	1	4	-
16	Other	14	11	34	1

B. - CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE
AGE GROUPS

Age Groups (1)	No. of pupils inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants	1,460	179	12.26	1,240	84.93	41	2.81
Second Age Group	1,269	258	20.33	973	76.67	38	3.00
Third Age Group	996	204	20.48	737	74.00	55	5.52
Other Periodic Inspections	378	82	21.69	284	75.13	12	3.18
Totals	4,103	723	17.62	3,234	78.82	146	3.56

Table III
INFESTATION WITH VERMIN

All cases of infestation, however slight, are recorded.

The return relates to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	37,796
(ii) Total number of individual pupils found to be infested	1,792
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	41
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	4

Table IV
TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

- NOTES. - (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.
- (b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

GROUP I. - DISEASES OF THE SKIN (excluding uncleanness, for which see Table III)

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm - (i) Scalp	-	-
(ii) Body	1	-
Scabies	14	-
Impetigo	50	-
Other skin diseases	108	67
Totals	173	67

GROUP II. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	Otherwise
External and other excluding errors of refraction and squint	66	8
Errors of refraction (including squint)	* -	669
Totals	66	677
Number of pupils for whom spectacles were -		
(a) Prescribed	-	355
(b) Obtained	-	77

* including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP III. - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment -		
(a) for diseases of the ear	-	2
(b) for adenoids and chronic tonsillitis	-	339
(c) for other nose and throat conditions	-	10
Received other forms of treatment	206	88
Totals	206	439

GROUP IV. - ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospital	31	
	by the Authority	Otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments	-	411

GROUP V. - CHILD GUIDANCE TREATMENT

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated at Child Guidance Clinic	28	9

GROUP VI. - SPEECH THERAPY

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated by Speech Therapist	138	-

GROUP VII. - OTHER TREATMENT GIVEN

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments	245	-
(b) Other - 1. General Medical	-	90
2. General Surgical	-	105

Table V

HEIGHT

	No. Examined 1952	Age	1949 ft. ins.		1950 ft. ins.		1951 ft. ins.		1952 ft. ins.	
BOYS										
Entrants	7	4	3	5	3	5	3	2½	3	3½
	167	5	3	6½	3	6	3	5½	3	7
	446	6	3	8	3	9	3	7	3	7½
	98	7	3	9½	3	10	3	8½	3	9½
Second Age Group	620	10	4	6	4	6	4	5½	4	6
Third Age Group	592	14	5	1	5	1	5	1	5	2
Other Periodic Inspections - (Nursery Classes)	3	3	3	3	3	2	-	-	3	1
	60	4	3	4	3	4	3	3	3	3
	69	5	-	-	-	-	3	4½	3	4½
GIRLS										
Entrants	4	4	3	4	3	4	3	4	3	2
	177	5	3	6	3	6	3	5	3	6
	444	6	3	7	3	8	3	8	3	7
	96	7	3	9	3	10½	3	9	3	9
Second Age Group	649	10	4	6	4	6	4	5	4	5
Third Age Group	521	14	5	0½	5	1	5	0½	5	1
Other Periodic Inspections - (Nursery Classes)	4	3	3	1½	3	1½	-	-	3	3
	43	4	3	3	3	2½	3	3½	3	2½
	67	5	-	-	-	-	3	3½	3	4½

WEIGHT

	No. Examined 1952	Age	1949 st. lbs.	1950 st. lbs.	1951 st. lbs.	1952 st. lbs.
BOYS						
Entrants	7	4	2 12	2 13	2 8	2 7½
	167	5	3 0	3 1½	2 12½	2 13½
	446	6	3 3½	3 6	3 2	3 1½
	98	7	3 6	3 12	3 7	3 6½
Second Age Group	620	10	5 3½	5 2	5 0	4 13½
Third Age Group	592	14	7 5	7 3½	7 7½	7 9
Other Periodic Inspections - (Nursery Classes)	3	3	2 7½	2 8½	- -	2 5
	60	4	2 10½	2 12	2 8	2 8
	69	5	- -	- -	2 12	2 10½
GIRLS						
Entrants	4	4	2 9½	2 12½	2 10	2 6
	177	5	2 12½	3 0½	2 12	2 11½
	444	6	3 1	3 4	3 0½	2 13½
	96	7	3 4½	4 -	3 7	3 3½
Second Age Group	649	10	5 2½	5 1	4 12	4 13
Third Age Group	521	14	7 6	7 7	7 4	7 5½
Other Periodic Inspections - (Nursery Classes)	4	3	2 6	2 8	- -	2 5
	43	4	2 8½	2 11	2 8	2 6½
	67	5	- -	- -	2 12½	2 10

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY THE LOCAL
EDUCATION AUTHORITY TO THE LOCAL HEALTH AUTHORITY
DURING THE YEAR 1952

	Boys	Girls
Notified under Section 57 (3) of the Education Act, 1944	4	3
Notified under Section 57 (5) of the Education Act, 1944	1	1

STATEMENT OF THE COST OF THE SCHOOL HEALTH SERVICE

Rateable value, 1st April, 1952	... ..	£ 448,533
Estimated product of ld. rate, 1952-53	... ..	£ 1,785
Total estimated expenditure on Education, 1952-53	...	£ 582,436
Total estimated cost of Special Services for Education, i.e. school health, blind, deaf schools, etc., 1952-53	...	£ 17,849
Total estimated net cost of School Health Services	...	£ 17,816
Net cost on the rates of School Health Services	... ..	£ 6,926

